



**APPLICATION FOR A
LICENSED DAY CARE HOME OR LICENSED GROUP DAY CARE HOME**

Good beginnings last a lifetime. The service you offer to children and youth is important to the community and will have a lasting impact on the children and youth in your program. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a child care facility and 2) affirming that you have read and agree to comply with all laws and regulations for a licensed day care home or licensed group day care home.

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SECTION I: INTENT OF THE APPLICANT/OWNER. Complete one of the following three boxes below.

NEW APPLICATION / MOVE / PROGRAM CHANGE	
_____ New Application (Select only one license type below)	
_____	licensed day care
_____	group day care
_____	Moving to a new location effective _____ (MM/DD/YYYY).
_____	Changing ownership
_____	Changing program type from: (Select only one from below)
_____	Licensed Day Care to Group Day Care OR
_____	Group Day Care to License Day Care

RENEWAL APPLICATION
_____ This application is notification to renew the existing license for another year.

NOTIFICATION OF CLOSURE
_____ This is a notification that I/we no longer provide child care services. Close the licensed day care home or group day care home effective _____ (MM/DD/YYYY). Complete Sections II and VI.

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SECTION II: COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Legal Name of the Applicant to be stated (or as stated) on the license.	License # (if renewing/closing)
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If you have a business name for the Licensed Day Care Home (LDCH) or Group Day Care Home (GDCH) other than your own name, you may print that name here.

Physical Address of the LDCH/GDCH: Street Address	City	Zip Code + 4
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Is this physical address a non residential or commercial location? _____ YES or _____ NO (If yes, see instructions.)
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County	Phone Number ()	Fax Number ()	Email Address
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If Mailing Address for correspondence of the LDCH/GDCH is different, please complete this section: Street Address	City	Zip Code + 4
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SECTION III: LEGAL OWNER/OPERATOR INFORMATION.

The Legal Owner/Operator is a (See instructions and check ONE of the following):

- _____ individual, partnership or association of individuals that is (are) not incorporated.
 _____ corporation, LLC.
 _____ government agency, including school districts.

Please provide: Federal Identification Number _____ and Business Entity ID NO. _____

COMPLETE ALL INFORMATION REQUESTED IF OWNER IS A PARTNERSHIP, CORPORATION, GOVERNMENT AGENCY OR OTHER.

Name of the Legal Owner or Corporation Name

Physical Address of the Owner/Operator: Street Address	City	Zip Code + 4
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County	Phone Number ()	Fax Number ()	Email Address
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Mailing Address of the Owner/Operator: Street Address	City	Zip Code + 4
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SECTION IV: FACILITY OPERATION INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

___ Yes ___ No Do you have or intend to have a Provider Agreement with the Department of Social and Rehabilitation Services (SRS)?

Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule you complete):

_____ All Year (Jan through Dec) _____ Summer Only (June through Aug) _____ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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_____ All Year (Jan through Dec) _____ Summer Only (June through Aug) _____ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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SECTION V: ADDITIONAL INFORMATION FOR NEW APPLICANTS ONLY. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

____ Yes ____ No I/we have had a certificate or license for a child care facility or school age program in the past and the facility is closed. If you answered Yes to this question, complete the following information:

Name on the previous license or certificate: _____

License/Certificate Number _____

Address on the previous license or certificate: _____

Year(s) of operation: _____

I/we have attended an orientation session with my/our local child care facility surveyor.

Date of orientation session: _____

Signature of the Child Care Facility Surveyor	Date Signed (MM/DD/YYYY)
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SECTION VI: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED.

I/We the undersigned, am [are the person(s)] named as the Applicant or the person(s) authorized to represent the owner listed above.

I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

I/We understand that a **new** application may take up to **90 days for processing** by the Kansas Department of Health and Environment (KDHE), once KDHE receives a complete application. I/We understand that I/we are not authorized to provide services to children and youth prior to receiving a Temporary Permit or License from KDHE.

In accordance with K.S.A. 44-1009, I/we shall not exclude any child from care for reason of race, religion, color, sex, physical handicap, national origin, or ancestry.

I/We attest, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this application is true and correct.

Partnership applications must include all partners signatures for initial applications. Only one partner must sign a renewal application.

Authorized Signature:	Date (MM/DD/YYYY)
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Authorized Signature, if more than one person	Date (MM/DD/YYYY)
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IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Credit Card Information - **DISCOVER CARD ONLY**

Discover Card Account # _____ Expiration Date _____
(Please print clearly)

Amount of the state license or registration fee \$ _____

Signature as it is written on the Card _____

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

Kansas Department of Health and Environment contracts with local health departments or private contractors for local regulatory services. **Local contractors may charge a local fee.** Please contact your local child care facility surveyor to determine the amount of the local fee and submit that fee directly to the local contractor per their instructions.

Some local ordinances may apply to your child care facility in addition to the state laws and regulations. Please contact your local child care facility surveyor to determine if there are local ordinances which may apply to the operation of a child care facility.

For information about requirements of the Americans with Disabilities Act (ADA), contact: Great Plains Disability and Business Technical Assistance Center, University of Missouri at Columbia, 100 Corporate Lake Drive, Columbia, MO 65203, Phone: 1-800-949-4232.

SECTION VII: MAILING INSTRUCTIONS. Return the completed and signed application along with the documents listed in one of the three boxes below, as applicable. Follow the mailing instructions provided.

NEW APPLICATION / MOVE / PROGRAM CHANGE

Return the following documents:

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. (You must keep a copy on file.)
3. Fire Life Safety Agreement - Completed and Signed.
4. State License Fee: \$15.00 payable to the Kansas Department of Health and Environment or complete credit card information.
5. Local Fee, if required by the local child care facility surveyor.

SEND THE ABOVE INFORMATION TO THE LOCAL CHILD CARE FACILITY SURVEYOR. IF YOU DO NOT HAVE THE ADDRESS OF THE LOCAL CHILD CARE FACILITY SURVEYOR, CONTACT KDHE AT 785-296-1270 TO OBTAIN THE INFORMATION OR CHECK THE KDHE WEBSITE AT www.kdheks.gov/kidsnet.

RENEWAL APPLICATION

Return the following documents:

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. (You must keep a copy on file.)
3. State License Fee: \$15.00 payable to the Kansas Department of Health and Environment or complete credit card information.

SEND THE ABOVE TO: Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Child Care and Health Facilities, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.

If the local child care facility contractor charges a local fee, the local fee is to be sent to the local contractor. Do NOT send the local fee to KDHE with the renewal application.

NOTIFICATION OF CLOSURE

Return the completed and signed application to the Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Child Care and Health Facilities, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.